



## Addressing Tobacco Use Among Pregnant Women in West Virginia

### REPORT AND RECOMMENDATIONS OF THE EXPERT PANEL

#### EXECUTIVE SUMMARY

##### A GATHERING OF EXPERTS AND THOUGHT-LEADERS CONVENED MAY 22, 2013 IN CHARLESTON, WEST VIRGINIA

Despite the fact that the consequences of tobacco use are well-known to West Virginians, residents continue to use tobacco in alarming numbers. Tobacco use is the number one preventable cause of premature death and disease. Every smoker who has died lost at least ten years of their life due to smoking.

West Virginia is aggressively addressing this problem by implementing evidence-based comprehensive tobacco control programs through the WV Bureau for Public Health's Division of Tobacco Prevention. Annual federal and state funding for these efforts average seven million dollars annually which is 25% of the Centers for Disease Control and Prevention's "Best Practice" recommendation of \$28 million annually.

WV ranks first in the nation for women who smoke while pregnant. According to WV Vital Statistics data, 26.3% of women reported smoking during pregnancy, which is double the national rate of 13%. Furthermore, 38.5% of women enrolled in Medicaid in WV use tobacco and in 2010, 60% of all live births in WV where insurance status was known were financed by Medicaid.

Partnering with Break Free Alliance, the WV-DTP set out to strengthen existing prevention and treatment efforts and leverage current opportunities existing as a result of health care reform. The WV-DTP also would like to develop long-term solutions to reduce the prevalence of tobacco use among pregnant women in WV. After critical planning, review and research, Break Free Alliance convened an expert panel of community members, clinicians, academics and public health leaders on May 22, 2013 in Charleston, WV.

#### GENERAL RECOMMENDATIONS OF THE EXPERT PANEL

1. There is a need for health care providers, researchers and public health professionals to agree on best practices for tobacco cessation among pregnant women. There is consensus on cessation being the ultimate goal but disagreement within the tobacco control field on the means to that end. There is evidence supporting different approaches to cessation, ranging from gradual reduction to cessation over a shorter duration. A consistent message regarding cessation must be promoted, and the approach should be evidence-based and tailored to pregnant woman.
2. There is a need to better coordinate and foster shared communication among the various entities addressing smoking and pregnancy throughout WV.
3. There is a need in WV for more political will and leadership – from legislators and those working at the grassroots level – to address the ramifications of tobacco use among pregnant women in WV.

4. New non-public health partners need to be identified at the local level to support and help implement creative strategies that can help inform future tobacco control efforts in WV to address tobacco use among pregnant women.
5. The use of incentives to encourage pregnant women to stop smoking seems to be a promising strategy and needs more research.

The Expert Panel concluded that it is the responsibility of both public health and non-public health entities throughout WV to reduce tobacco use prevalence among pregnant women. The problem cannot be solved if only pregnant women and clinicians are targeted for educational efforts. It is a community issue. Education, cessation and promotion of a tobacco-free pregnancy culture should be evident through all community channels and services accessed by pregnant women, women of child-bearing age and families.

In order to achieve this goal as outlined by the Expert Panel, The WV Division of Tobacco Prevention-Cessation Program will facilitate reconvening the WV Tobacco-Free Pregnancy Advisory Council, whose membership will be enhanced to include social service agency representatives, Head Start representatives, WIC representatives, business owners and community members in addition to health care providers, DHHR collaborators, higher education partners and insurance companies. This Council will be tasked with putting programming and policy strategies in place which may include:

1. Changing the current provider education module to better address the needs of pregnant women. The State's clinicians who care for tobacco-addicted women of child-bearing age should be further educated on the benefits of screening and intervention, the Medicaid cessation benefit, the myths that support a culture of smoking and making appropriate referrals to cessation resources including the WV Tobacco Quitline.
2. Improving coordination and communication among medical providers, researchers, community health agencies and other entities addressing tobacco use and pregnancy throughout WV.
3. Analyzing barriers that pregnant women in WV face when accessing the Quitline and identifying strategies for addressing those barriers.
4. Developing recommendations for providers on the provision of nicotine replacement therapy for pregnant women and consensus on reducing cigarette consumption as a strategy towards long term cessation.
5. Developing a tobacco prevention and cessation training program for social service providers.
6. Developing state tobacco program initiatives that promote existing Medicaid cessation benefits to pregnant and post-partum Medicaid enrollees.
7. Developing tobacco-free pregnancy campaigns for implementation by regional coalitions throughout the state.

In addition to the tasks that will be undertaken by the Tobacco Free Pregnancy Advisory Council, the Panel concluded that accountability in reducing tobacco use among pregnant women also rests with policymakers, employers, educational institutions, health care providers, academia and research institutions, faith-based organizations and the WV Bureau for Medical Services. Specific recommendations for each of these entities are outlined throughout the full report. The Expert Panel identified that new partnerships are needed with non-public health entities within local communities to effectively integrate widespread tobacco-free pregnancy initiatives.

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